

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527626

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2		/		/		
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7		3		/		
8		0		/		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	20	↖	23	↖		↖
TOTAL CLAIMS	21	⊞	24	⊞		⊞

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↖		↖		↖
TOTAL CLAIMS		⊞		⊞		⊞